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Bib Data Sheet

CONFIRMATION NO. 2405

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/834,338  | <b>FILING DATE</b><br>04/13/2001<br><b>RULE</b>   | <b>CLASS</b><br>370           | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>10004847-1 |                                |
| <b>APPLICANTS</b><br>John Christopher Crandall, Fort Collins, CO;<br><b>** CONTINUING DATA *****</b> <i>None</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>None</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2001.</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |   | <b>STATE OR COUNTRY</b><br>CO | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>20                | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>HEWLETT-PACKARD COMPANY<br>Intellectual Property Administration<br>P.O. Box 272400<br>Fort Collins ,CO 80527-2400   |   |                               |   |  |                                |
| <b>TITLE</b><br>Language and culture interface protocol   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>790   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |